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## Application Number Filing Date MULTIPLE DEPENDENT CLAIM 10/644 FEE CALCULATION SHEET Applibant(s) Substitute for Form PTQ-1360 (For use with Form PTO/88/08) May be used for additional claims or amendments CLAIMS AFTER FIRST AMENDMENT 3-10-06 AFTER SECOND **AMENDMENT** Indep Depend Depend Indep Depend Indep Depend Depend Indep 51 -52 .53 54 55 56 58 59 60 61 12 62 63 14 64 65 66 67 68 19 69 70 72 73 74 75 76 27 77 28 78 79 30 60 ξí 81 32 82 83 84 85 86 87 38 88 69 39 40 90 91 41 92 45 95 46 96 97 48 98 99 50 100 Total Total Indep Indep Total

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